MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5/ FILING DATE

AFTER 2 MAMENDMENT

DEP.

IND.

APPLICANT(S)

CLAIMS

ND. DEP. IND. DEP. IND. DEP. S1 S2 S3 S4 S4 S5 S8 S9 S9 S9 S9 S6 S6 S6 S6 S6 S7 S8 S9
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